# DECISION-MAKING DURING PANDEMICS AND OTHER SERIOUS ILLNESS

## Tomada de decisão durante pandemias e outras doenças graves

Clinical practice, especially the care of older people with long-term health conditions, frequently involves deciding between different treatment options and the level and location of care that is available and appropriate. Healthcare decision-making requires balancing a variety of trade-offs between potential benefits and harms, and choices are primarily determined by individual preference and the relative importance placed on different potential treatment outcomes.[1] For older people with co-morbidities, the nature of these decisions is complicated by resource availability, a decline in decision making abilities, and the suitability of treatment.[2]

With the world's attention on the current COVID-19 pandemic, this issue of *Geriatrics, Gerontology and Aging* (GGA) includes a number of articles that, while not specific to COVID-19, can aid in decision-making older adult care, both during this coronavirus outbreak and beyond. While older people do not appear to have a higher risk of contracting COVID-19 than younger people, they are at a higher risk of severe disease[3] and many have pre-existing long-term conditions.

This issue includes practical support for decision-making, including publications by the Brazilian Society of Geriatrics and Gerontology (Sociedade Brasileira de Geriatria e Gerontologia - SBGG) on criteria for hospitalizing older people in intensive care units,[4] care for older people in private clinics,[5] recommendations for home care,[6] and an alert about the risk of shortages and lack of health assistance in long-term care facilities.[7] Sharing this guidance and advice about the virus will help maintain high-quality care that is safe for both older people and their caregivers.

This issue also includes a study exploring older peoples' preferences for self-involvement in decision-making regarding serious illness and end of life care (EOL),[8] which could be relevant for treatment and care decisions during the COVID-19 outbreak. Jorge et al.'s survey of older people (60+ years) examined preferences for self-involvement in EOL care decision-making in a range of scenarios, including situations that involve mental capacity and incapacity.[8] The authors found a strong preference for self-involvement in decision-making, which was shared with various combinations of their spouse/partner and doctor. In situations where patients lacked the capacity to make decisions, they wanted other relatives (usually their children) to do so, but still wished to be involved, although men and married/partnered people were less likely to prefer self-involvement.

The survey, which replicated earlier work in Europe (PRISMA),[9] showed that the preferences of older people in Brazil were similar to those in Germany and England rather than other parts of Europe, where preferences for self-involvement in the event of incapacity were lower. This highlights the importance of cultural influence on decision-making preferences, and the effect of paternalistic attitudes by physicians when difficult clinical decisions need to be made. Previous studies have explored older peoples' preferences regarding decision-making in long-term care facilities[10] and decisions about research participation in situations where consent cannot be given due to incapacity.[11]

The authors of this study note that shared decision-making models, which better respect patient autonomy, are not widely used or promoted in Brazil. Similarly in Brazil, unlike many other countries, there are no legal mechanisms for creating an Advance Directive, i.e. a written record of medical care preferences in the event of future loss of mental capacity.[12] Jorge et al.[8] concluded that greater discussion about palliative and EOL care is needed, and that patient preferences should be taken into account when decisions about treatment and care are made.

Early discussions between older people, their families and care providers about their priorities and preferences in the event of serious illness are needed now more than ever.

Difficult decisions about treating already frail older people who develop severe COVID-19 illness should be informed by both evidence about treatment effectiveness and patient preferences.[13] Formally recording the outcomes of these discussions and stated preferences in the form of 'Advance Care Plans' may be helpful.[14] Research about decision-making preferences, the SBGG position statements, and other resources, such as Cochrane's COVID-19 evidence syntheses,[15] will all help support decisions made during these challenging times.

We wish you well.

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